

FILED JUN 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20553**

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>3855</u>		Registrar's No. <u>82</u>			
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Locust Street</u>				d. STREET ADDRESS (If rural, give location) <u>East Locust Street</u>					
3. NAME OF DECEASED a. (First) <u>Charles Michael</u>			b. (Middle) <u>Baker</u>		c. (Last) <u>Baker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 24 1878</u>		9. AGE (In years) (last birthday) <u>70</u>	Months <u>7</u>	Days <u>2</u>		
10a. USUAL OCCUPATION (Give kind of work, doing during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Thomas P. Baker</u>			13b. MOTHER'S MARDEN NAME <u>Mary Katherine Worley</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Baker</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Baker</u> ADDRESS <u>Bolivar, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Lipo-Sarcoma</u> ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>July 1940</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lipo Sarcoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk Missouri MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				INFORMATION REQUESTED			
22. I hereby certify that I attended the deceased from <u>July 1940</u> , to <u>May 25, 1949</u> , that I last saw the deceased alive on <u>May 25, 1949</u> , and that death occurred at <u>5:04 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. D. Smith M.D.</u>				23b. ADDRESS <u>Bolivar Mo.</u>		23c. DATE SIGNED <u>May 26, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Vandley Reiner Cemetery, West of Fair Play Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Bolivar, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 9, 1949</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		FUNDING DIRECTOR'S SIGNATURE <u>Small</u>		ADDRESS <u>Blue Bolivar, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 5-49-729

Date Filed 6-15-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.